

Foster Family Home - Corrective Action Report

Provider ID: 1-150035

Home Name: Joyce Sharsy, CNA

Review ID: 1-150035-6

87-556 Manuu Street

Reviewer: Lisa Johnson

Waianae HI 96792

Begin Date: 4/17/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

6.(d)(1) Home inspection for a 3 person CCFFH recertification made on 4/17/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/17/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1 CG#3 has lapse in e-crime it was done 4/9/2015 then the next one was done 4/5/2019.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(C)(iv) Use of an insured vehicle;

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.b.5. iv. Required amount of coverage of liability is not met on Auto-insurance.

41.c
CG#1 has not met the required amount of in-service 2018, 4.5 hours were done.
CG#2 has not met the required amount of in-service 2018, 2.5 hours were done.
CG#3 has not met the required amount of in-service 2018, 7.5 hours were done.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3 client #1 have a delegations that are not signed.

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Foster Family Home **Medication and Nutrition** **[11-800-47]**

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.d 1-2 - side-rails used for client #2, is reflected in the service-plan but no MD orders present.

Foster Family Home **Insurance Requirements** **[11-800-51]**

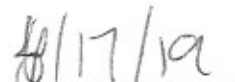
51.(a)(1) General;

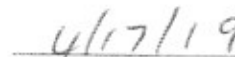
Comment:

51.a.1 Liability Insurance includes Caregiver that is not working for the home.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Joyce Sharcy

CCFFH Address: 87-556 Manuu Street, Waianae HI, 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	Missing documentation for e-crime was found, and placed in binder, and lapse was corrected.	4/18	Home understands the background checks requirement. Home will use calendar to input all due dates to prevent any lapses and has come up with a secure filing system to prevent paperwork to go missing in the future.
41.b.5iv	Home has updated auto insurance to required amount of coverage.	4/18	Home understands the importance of accurate insurance coverage, and will check the statements every month to ensure the coverage is correct.
41.c	Home recovered the missing documentation of in-service.	4/18	In the future, home will keep all required in-service documentation in binder and has come up with a secure filing system to prevent paperwork to go missing in the future.

Primary Caregiver's Signature: Joyce Sharcy

Print Name: Joyce Sharsy

Date of Signature: 05/16/19

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Joyce Sharcy

CCFFH Address: 87-556 Manuu Street, Waianae HI, 96792

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c.3	Delegations for Client #1, has been signed by all caregivers.	4/27	Home will notify clients CMA that RN delegations needs to be performed withing 7 days of a caregiver being added to the home.
47.d.1-2	Orders for side-rails for client#2 has been obtained and has been filed in clients binder for review.	4/19	In the future, home will ensure all orders from the MD match the service plan every two weeks, to prevent anything being missed. Home will notify CMA if orders do not match.
51.a.1	Home has removed previous caregiver from the liability insurance.	4/18	Home understands the liability insurance is to only include current caregivers. PCG has made a checklist for when adding or removing a caregiver, so in the future it does not get missed.

Primary Caregiver's Signature: J Sharcy

Print Name: Joyce Sharsy

Date of Signature: 05/16/19